

RELEASE OF MEDICAL/MENTAL/BEHAVIORAL HEALTH INFORMATION

Name of Selected Agency or Individual

Street Address

City	TX State	Zip Code
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Telephone	Fax
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I hereby authorize the agency or individual named above to release the medical and/or mental/behavioral health records for the student listed below to the **HOUSTON INDEPENDENT SCHOOL DISTRICT**:

Student Name	Birthdate	School	Grade
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Records requested

Date(s) of Service: _____

☐ Medical (Specify: _____)☐ Mental/Behavioral Health (Specify: _____)

This information is to be utilized in educational planning.

Statements

- ☐ The parent, legal guardian, appointed surrogate, or adult student has been fully informed and understands the activity for which consent is sought.
- ☐ The parent, legal guardian, appointed surrogate, or adult student agrees in writing to the activity for which consent is sought.
- ☐ The parent, legal guardian, appointed surrogate, or adult student understands consent is voluntary and may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization.
- ☐ Unless otherwise revoked, this authorization will expire one year from the date of this authorization.
- ☐ Information used or disclosed according to this authorization may be subject to redisclosure by the recipient and no longer be protected by the federal privacy regulations.
- ☐ The information released may contain information related to AIDS or HIV infection, drug or alcohol abuse, mental or behavioral health or psychiatric care.

Certification

I certify that I am the parent, legal guardian, or appointed surrogate of the student or the adult student named on this form. I hereby give permission for the release of information as requested. I am aware of my legal rights regarding the release of personally identifiable information, including my right to withdraw permission and to get copies of the information upon written request. I understand that this permission is valid only for the purpose stated above and for a period of one year from today.

**SIGNATURE OF PARENT/LEGAL GUARDIAN/
SURROGATE PARENT/ADULT STUDENT**

DATE

SIGNATURE OF INTERPRETER (IF REQUIRED)

DATE
RETURN FORM TO ORIGINATOR:**HOUSTON INDEPENDENT SCHOOL DISTRICT**

Hattie Mae White Educational Support Center • 4400 West 18th Street • Houston, Texas 77092-8501
www.HoustonISD.org • www.facebook.com/HoustonISD • www.twitter.com/HoustonISD